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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/777,524	
	Filing Date	02/11/2004	
	First Named Inventor	Gosse Jan Adema	
	Art Unit	1647	
	Examiner Name	B.E. Bunner	
Total Number of Pages in This Submission	21	Attorney Docket Number	DX0670KB1B

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal form (in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (2 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Other Enclosures/Remarks: <ul style="list-style-type: none"> • Form PTO/SB/08 (1 page) • Cited References AV thru AW (15 pages) 		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Sheela Mohan-Peterson, Reg. No. 41,201 DNAX Research, Inc. 901 California Ave. Palo Alto, CA 94304-1104	
Signature	<i>Sheela Mohan-Peterson</i>	
Date	06-Oct-2005	

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CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:			
Typed or printed	MELANIE LYONS		
Signature	<i>Melanie Lyons</i>	Date	10-5-05

OCT 05 2005

PTO/SB/17 [modified]

FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/777,524
		Filing Date	02/11/2004
		First Named Inventor	Gosse Jan Adema
		Examiner Name	B.E. Bunner
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1647
TOTAL AMOUNT OF PAYMENT (\$ 180		Attorney Docket No.	DX0670KB1B

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Other ☐ None

☒ Deposit Account: Deposit Account Number: 04-1239 Deposit Account Name: DNAX Research, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments ☒ Credit any overpayments
 of fee(s) under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Multiple dependent claims

Total Claims - 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20

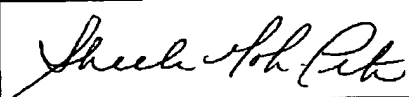
Indep. Claims - 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = / 50 = (round up to a whole number) x =
4. OTHER FEE(S)
 Other: Submission of Information Disclosure Stmt (37 CFR 1.97(c))

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Sheela Mohan-Peterson	Registration No.	41,201
Signature		Telephone	1-650-496-6400
		Date	05-Oct-2005

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Attorney Docket: DX0670KB1B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re application of:

Gosse Jan ADEMA, et al.

Application No.: 10/777,524

Filed: February 11, 2004

For: ISOLATED MAMMALIAN
MONOCYTE CELL GENES;
RELATED REAGENTS

Examiner: B.E. Bunner

Art Unit: 1647

Conf. No.: 8025

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office, (571) 273-8300, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on October 5, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

by:


MELANIE LYONS**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Sir:

Pursuant to 37 C.F.R. §1.56, §1.97, and §1.98, Applicants bring the listed and attached documents to the attention of the Examiner. A modified form PTO/SB/08 listing said documents is enclosed.

The information disclosure statement transmitted herewith is being filed *after* three months of the filing date of this national application or the date of entry of the national stage as set forth in § 1.491 in an international application or after the mailing date of the first Office action on the merits, whichever event occurred last but *before* the mailing date of either (1) a final action under § 1.113 or (2) a notice of allowance under § 1.311, whichever occurs first.

Citation of these documents should not be construed as a representation that the documents are in fact material or are in fact prior art with respect to the instant invention. The Examiner should not make any inference relating to the relative pertinence of cited references based upon the order in which the art is presented. Citation of these documents should not be construed as a representation that a search has been made or that more pertinent art may not be in existence.

10/06/2005 EAREGAY1 00000066 041239 10777524

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Page 1 of 2

Applicants request that the Examiner fully consider the art cited in the attached PTO/SB/08 form. Applicants further request that the Patent and Trademark Office list all such art on the front of any patent issuing from this application.

Please charge the fee set forth in 37 CFR 1.17(p) for submission of an information disclosure statement under § 1.97(c). Please charge DNAX Research Institute Deposit Account No. 04-1239 in the amount of \$180.00, plus any additional charges that may be incurred.

Respectfully submitted,

Date: 05-Oct-2007

By: Sheela Mohan-Peterson
Sheela Mohan-Peterson, Reg. No.
41,201
Attorney for Applicants

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PTO/SB/08 (MODIFIED)

INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/777,524
				Filing Date	02/11/2004
				First Named Inventor	Gosse Jan ADEMA
				Art Unit	1647
				Examiner Name	B.E. Bunner
Sheet	1	of	1	Attorney Docket Number	DX0670KB1B

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	DOCUMENT NUMBER	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant, Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant, Passages or Relevant Figures Appear	T ²
		Country Code ³ Number ⁴ Kind Code ⁵ (if known)				

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	AV	KUBAGAWA, H., et al. (May 1997) <i>Proc. Natl. Acad. Sci. USA</i> 94:5261-5266 "A novel pair of immunoglobulin-like receptors expressed by B cells and myeloid cells"	
	AW	KUBAGAWA, H., et al. (January 1999) <i>J. Exp. Med.</i> 189(2):309-317 "Biochemical Nature and Cellular Distribution of the Paired Immunoglobulin-like Receptors, PIR-A and PIR-B"	

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.